

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10078

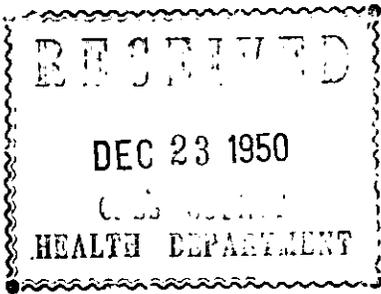
State File No.

FILED JAN 2 1951

BIRTH NO.		REG. DIST. NO. <u>3</u>		PRIMARY REG. DIST. NO. <u>4098</u>		Registrar's No. <u>189</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>		c. LENGTH OF STAY (in this place) <u>14 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belton</u>		<u>8190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 Cedar St</u>				d. STREET ADDRESS (If rural, give location) <u>404 Cedar St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>M. Cheatham</u>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1950</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 27, 1886</u>	
9. AGE (in years last birthday) <u>64</u>		# UNDER 1 YEAR Months		# UNDER 1 HR. Hours		# UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>California, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John B. Cheatham</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Bruce</u>			14. NAME OF HUSBAND OR WIFE <u>Eula Cheatham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. G. M. Cheatham, Belton, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION, ACUTE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 Minutes</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE, CHRONIC.</u>		DUE TO (c) <u>HYPERTENSION, CHRONIC.</u>				UNKNOWN	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						UNKNOWN	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BELTON, CASS, MISSOURI</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>NOT ATTENDED</u> , to <u>NOT SEEN ALIVE</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert A. Tracy</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>BELTON, Mo.</u>		23c. DATE SIGNED <u>12/15/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Hickman Mills, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51 FUNDAL DIRECTOR'S SIGNATURE <u>E. K. Seager</u>		ADDRESS <u>Sons, Belton, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Richard E. George

Signed.....
Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Bella, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.